PTO/SB/22 (10-00)

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PETITION FOR	EXTENSION OF	TIME UNDER 37	CFR 1.136(a)

Docket No. (Optional)

		on et al.		
	Application Number 09/436076		Filed Nov	ember 8, 1999
	For: METHODS FOR TRE	ATING AND WITH CHIM	PREVENT MERIC MOL	NG ECULES
	Group Art Unit 1644	Examir	ner	G. Ewold
is is a request under the provision of the provision of the above identified applic	ons of 37 CFR 1.136(a) to extend t ation.	he period for	filing a	
	opriate non-small-entity fee are as	follows		
One month (37 CFR	1.17(a)(1))		\$	
x Two months (37 CFR			\$	410.00
Three months (37 CFR 1.17(a)(3))			\$	
Four months (37 CFR 1.17(a)(4))			\$	
Five months (37 CFR 1.17(a)(5))			\$	
<u> </u>	ty status. See 37 CFR 1.27. There	efore, the fee	amount sh	own
	alf, and the resulting fee is: \$			
A check in the amount of the	ne fee is enclosed.			
Payment by credit card. F	orm PTO-2038 is attached.			
in this application to a Dep				
	by authorized to charge any fees w		required, o	r credit
any overpayment, to Depo		1945	<u> </u>	
I have enclosed a duplicat				
l am the applicant/inve	ecord of the entire interest. See 37 tunder 37 CFR 3.73(b) is enclosed	CFR 3.71. I. (Form PTC	D/SB/96).	
	gent of record.	·		
x attorney or ag	gent under 37 CFR 1.34(a).			
<u></u> -	number if acting under 37 CFR 1.34(a)	27	7,787	
February 14, 2003	(I ill	rom L	02/
			Signature	
Date			VEH: C C	067
Date			Villiam G. G	
	or assignees of record of the entire interest	Туре	d or Printed	Name
	or assignees of record of the entire interest, see below	Туре	d or Printed	I Name
NOTE: Signatures of all the inventors if more than one signature is required	or assignees of record of the entire interest, see below e submitted.	Туре	d or Printed	Name
NOTE: Signatures of all the inventors if more than one signature is required 1 forms are	e submitted.	Type or their represent	ed or Printed stative(s) are re	I Name quired. Submit multiple forms
NOTE: Signatures of all the inventors if more than one signature is required 1 forms are likely certify that this corresponde an envelope addressed to: Commis	e submitted.	Type or their represent al Service with 1, on the date s	ed or Printed stative(s) are re	I Name quired. Submit multiple forms age as First Class Mail, in

410.00 CH

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